

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Cossie Doggett Demo Landfill Permit: 41J-LCID ID: PO 451

Facility Website (URL): N/A

Physical Address	Mailing Address
Street 1: <u>2124 Scalesville Road</u>	Street 1: <u>2124 Scalesville Road</u>
Street 2: _____	Street 2: _____
City: <u>Summerfield</u> County: <u>Guilford</u>	City: <u>Summerfield</u>
State: <u>North Carolina</u> Zip: <u>27358</u>	State: <u>North Carolina</u> Zip: <u>27358</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Mark Doggett</u>	Name: <u>Gary Swing</u>
Phone: <u>336-643-4103</u> Fax: <u>336-643-7358</u>	Phone: <u>336-643-4103</u> Fax: <u>336-643-7358</u>
Email: <u>dcc4103@bellsouth.net</u>	Email: <u>dcc4103@bellsouth.net</u>

1. Tipping Fee: \$ 50.00 per Tandem
 Tipping Fee: \$ 55.00 per Triaxle
 Tipping Fee: \$ 70.00 per Tractor Trailer

2. Estimate the amount of waste taken in an average week at this facility? 90 ☐ tons ☒ cubic yards

3. How many weeks did you operate this year? 50

4. What are the hours/days of operation for this facility? 7:30 - 5:30 M-F, 7:30 - 3:00 Sat.

5. What is the acreage of the footprint of the waste on site as of June 30? 9.70 Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: [Signature] Date: July 27, 2012

Name: Gary L. Swing Title: Vice President

Phone Number: 336-643-4103 Email: dcc4103@bellsouth.net